TRANSMITTAL FORM (to be used for all correspondence after initial filing)			A	pplication Nu	mber		10/814,382		
			F	iling Date			March 31, 2004		
			F	irst Named In	ventor		Gautam Das		
			G	roup Art Uni	ŀ		2167		
			c	Confirmation Number			5509		
Sent via Express Mail Label No.:			E	Examiner Name			Lovel, Kimberly M.		
			Α	Attorney Docket Number			307517.01		
ENCLOSURES (check all that apply)									
Fee Transmittal Form Fee Attached		(for a	ın App	Papers lication)		0	Appeal Commi	e Communication to TC	
Amendment / Reply to Restriction Requirement (12 pages) After Final		Decla	ing(s) aration			_	Appeals and In Appeal Comm (Appeal Notice, Bris	mication to TC	
☐ Affidavits/declaration(s) ☑ Extension of Time Request (1 month; S120.00 total fee)		\Box A	copy:	y Executed (pages) y from a prior application FR 1.63(d)) (pages)			Proprietary Info		
,		Licen	sing-r	elated Papers			Status Letter		
Express Abandonment Request Information Disclosure Statement with		Petiti	on				Application Da		
Form PTO/SB/08A (pages) Response to Notice to File Missing Parts			on to (to Convert to a Provisional tion			Request for Co Return Receipt	rected Filing Receipt Postcard	
A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5				Power of Attorney (SB80) R 3.73(b) Statement			Other Enclosure(s) (please identify below):		
(Under 37 CFR § 1.8(a))		Term	inal D	al Disclaimer t for Refund			8		
I hereby certify that this correspondence is being electronically deposited with the USPTO via									
EFS-Web on the date shown below:	_								
Date Signatur. Kate Marochkina Printed Name	Remarks The Commissioner is hereby authorized to charge any addition. Georgia The Commissioner is hereby authorized to charge any addition. Georgia The Commissioner is hereby authorized to charge any addition. Georgia The Commissioner is hereby authorized to charge any addition.								
SIGNATURE OF ATTORNEY OR AGENT									
		j. No							
Name of Attorney or Agent	Step			hen Siu					
Date February 20, 2007	Tel.	Tel.		(425) 704-0669			Facsimile No. (425) 708-5046		
Assignee Name:				MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052					
Customer Number:				22971					